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July 24, 2002  
Date

  
Shelley P.M. Fussey

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Philip E. Thorpe Sophia Ran and  
Rolf A. Brekken (As Amended)

Serial No.: 09/351,149

Filed: July 12, 1999

For: CANCER TREATMENT KITS  
COMPRISING THERAPEUTIC  
CONJUGATES THAT BIND TO  
AMINOPHOSPHOLIPIDS

Group Art Unit: 1619

Examiner: Sharareh, S.

Atty. Dkt. No.: 3999.002383

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir: ~

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, it is respectfully requested that this Supplemental Information Disclosure Statement be entered and the document listed on attached Form PTO-1449 be considered by the Examiner and made of record in the present case. Copies of the listed documents required by 37 C.F.R. § 1.98(a)(2) are enclosed for the convenience of the Examiner.

In accordance with 37 C.F.R. §§ 1.97(g),(h), this Supplemental Information Disclosure Statement is not to be construed as a representation that a search has been made, and is not to be

construed to be an admission that the information cited is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b).

First, second and third Non-Final Official Actions have been received in the present application. However, this Supplemental Information Disclosure Statement is being filed prior to the mailing of a final Official Action, notice of allowance or an Action that closes prosecution, and is timely filed in accordance with 37 C.F.R. § 1.97(c) without a fee in light of the following information.

In accordance with 37 C.F.R. § 1.97(e)(2), the listed documents were not cited in a communication from a foreign patent office in a counterpart foreign application. The listed documents were cited in an Official Action on the merits in a co-pending application of the present inventors, Serial No. 09/351,862 (Attorney Docket No. 3999.002399), mailed from the P.T.O. on July 15, 2002, less than three months before the filing of the present statement, and evidently could not have been submitted before receipt.

In accordance with 37 C.F.R. § 1.98 (a)(3), a concise explanation of the relevance of the submitted André article, as it is presently understood, is supplied. The following concise explanation is the Abstract for André taken from the reference:

**"Summary - Tumoral angiogenesis: physiopathology, prognostic value and therapeutical prospects.**

**Introduction.** - Angiogenesis activation plays a crucial role in tumoral growth and metastases dissemination. This review summarizes and analyzes current knowledge on molecular mechanisms related to angiogenesis and the prognostic value of its effectors. It also focuses on the therapeutical relevance of various drugs that might inhibit angiogenesis processed.

**Current knowledge and key points.** - Tumor angiogenesis involves complex interactions between tumoral, stromal, endothelial cells, fibroblasts and the extracellular matrix. Normal and malignant angiogenesis depends on the balance of proangiogenic and antiangiogenic factors. Endothelial cells are activated by growth factors, such as Vascular Endothelial Growth Factor (VEGF), and proliferate; they release proteases able to induce degradation of the basement membrane and extracellular matrix, and undergo migration and tubulogenesis. Angiostatin and endostatin are two powerful inhibitors of angiogenesis in experimental models. Assessment of intratumoral microvessel density and quantification of angiogenic factors, including VEGF, are of prognostic value in most cancers, particular in breast cancer. However, the use of these prognosis markers in clinical practice is still controversial due to the lack of prospective studies and to technical limits inherent to the scoring and standardization of immunohistochemical methods.

**Future, prospects and projects.** - Better understanding of the molecular basis of angiogenesis allows the development of new therapeutical strategies. Biochemical targets of antiangiogenic therapy are: the interaction between angiogenic factors and their receptors; the interaction of endothelial cells with the extracellular matrix; and intracellular signaling pathways. Angiogenesis inhibitors may not cause tumor regression, but inhibit cellular growth and produce "disease dormancy". Extensive phase I to III clinical trials involving antiangiogenesis therapy are in progress."

No fees are believed to be due in connection with the filing of this Supplemental Information Disclosure Statement. However, should any fees under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to these materials, the Examiner should contact the undersigned representative to discuss deduction from Williams, Morgan & Amerson Deposit Account No. 50-0786/3999.002383.

Respectfully submitted,



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